

APPLICATION DATA SHEET
------------------------

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	<b>CHARGE TRANSPORT COMPOUNDS AND ELECTRONIC DEVICES MADE WITH SUCH COMPOUNDS</b>
Application Type: regular, utility Attorney Docket Number: UC0407USNA	
Correspondence address:  Customer Number: 23906 *23906*	
Inventors Information:  <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: GB Given Name: NORMAN Family Name: HERRON City of Residence: NEWARK State of Residence: DE Country of Residence: US Address-1 of Mailing Address: 408 APPLE ROAD Address-2 of Mailing Address: City of Mailing Address: NEWARK State of Mailing Address: DE Postal Code of Mailing Address: 19711 Country of Mailing Address: US Phone: Fax: E-mail:	

Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** NORA  
**Middle Name:** SABINA  
**Family Name:** RADU  
**City of Residence:** LANDENBERG  
**State of Residence:** PA  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 109 STONEY RIDGE ROAD  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** LANDENBERG  
**State of Mailing Address:** PA  
**Postal Code of Mailing Address:** 19350  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** ERIC  
**Middle Name:** MAURICE  
**Family Name:** SMITH  
**City of Residence:** WILMINGTON  
**State of Residence:** DE  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 103 WEST SUTTON PLACE  
**Address-2 of Mailing Address:**

City of Mailing Address: WILMINGTON

State of Mailing Address: DE

Postal Code of Mailing Address: 19810

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 4:

Applicant Authority Type: Inventor

Citizenship: US

Given Name: BRIAN

Middle Name: D.

Family Name: HOYT

City of Residence: UNKNOWN

State of Residence: DE

Country of Residence: US

Address-1 of Mailing Address: UNKNOWN

Address-2 of Mailing Address:

City of Mailing Address: UNKNOWN

State of Mailing Address: DE

Postal Code of Mailing Address:

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Attorney Information:

Name	Registration Number
MARY ANN CAPRIA	32659

\_\_\_\_\_